

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/018022 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3			/			
4		/	/			
5		/	/			
6		/	/			
7		/				
8	/		/			
9		/	/			
10	/		/			
11		/	/			
12	/		/			
13		/				
14	/		/			
15		/	/			
16	/		/			
17		/				
18	/		/			
19		/	/			
20		/	/			
21		/	/			
22	/		/			
23		/				
24	/		/			
25		/	/			
26	/		/			
27			/			
28			0			
29			/			
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	25					
TOTAL CLAIMS	29					

SERIAL NO.	10/018022	FILING DATE
APPLICANT(S)		
CLAIMS		
IND.		
DEP.		
CLAIMS		